Voyage 1 Limited

35/37 Solna Road

Inspection report

35-37 Solna Road
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Date of inspection visit:
01 August 2017

Date of publication:
04 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection on 1 August 2017 of 35/37 Solna Road, which is registered to provide accommodation for a maximum of 11 people with learning disabilities. At this inspection there were 10 people living in the home.

At the last inspection on 27 and 28 November 2014 the home was rated 'Good'. At this inspection we found the home remained 'Good'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

People's rights were not always protected under the Mental Capacity Act 2005 as assessments had not been carried out to determine people's capacity to make certain decisions. Deprivation of Liberty safeguarding (DoLS) applications had been made to deprive people of their liberties lawfully.

Risks had been identified and assessed that provided information on how to mitigate risks to keep people safe.

Medicines were being managed safely.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

People had choices during meal times. People and relatives told us they enjoyed the food. People's weights were regularly monitored.

People had access to healthcare services.

People and relatives told us that staff were friendly and caring. Our observations confirmed this.

People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

There was a programme of activities. These activities took place regularly.

People received care that was shaped around their individual needs, interests and preferences. Care plans were person centred.

Staff felt well supported by the management team and people and relatives were complimentary about the management of the home.

Quality assurance and monitoring systems were in place to make continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Requires Improvement

The home was not always effective.

MCA assessments had not been carried out to determine people's capacity to make certain decisions.

DoLS applications had been made for people whose liberty was being restricted for their own safety.

Staff had completed essential training required to perform their roles effectively and received regular supervision and support.

People had choices during meal times and were supported to maintain a balanced diet.

People had access to healthcare services.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

35/37 Solna Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 1 August 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding concerns or other incidents affecting the safety and wellbeing of people. We also received a provider information return (PIR) from the home. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with four people living at the home and a health professional that had visited the home. We also spoke with the operations manager, registered manager, deputy manager and two care staff. After the inspection, we spoke with two relatives.

We reviewed documents and records that related to people's care and the management of the home. We reviewed five people's care plans, which included risk assessments and five staff files which included supervision records. We looked at other documents held at the home such as medicine records, training records and quality assurance records.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "I do feel safe here." A relative told us, "She is safe, they [staff] really love her." A health professional we spoke to told us, "I have no concerns." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and would report abuse to the manager or the Care Quality Commission (CQC).

Assessments were carried out with people to identify risks. Risk assessments were specific to individual circumstances, for example there were risk assessments for accessing the community, when providing support, behaviour that challenged the home and epilepsy. The risk assessments provided information on how to mitigate risks and keep people safe and were regularly reviewed and updated.

We saw evidence that demonstrated appropriate gas, electrical and water safety checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency.

None of the staff we spoke with had concerns with staffing levels. They told us that they were not rushed in their duties and had time to provide person centred care and talk to people. Observations confirmed this. The staff rota confirmed planned staffing levels were maintained. People and relatives we spoke with had no concerns with staffing levels.

Pre-employment checks had been carried out. We checked five staff records and these showed that relevant pre-employment checks such as DBS (Disclosure and Barring Service) criminal record checks, references and proof of the person's identity had been carried out when recruiting staff.

People were receiving medicines as prescribed. Medicines records were completed accurately and were stored securely. People told us that staff would administer PRN [medicines when needed such as paracetamol] when required. Staff received appropriate training in medicine management. Records showed staff had been competency assessed with medicine to ensure they managed medicines safely.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

People's rights were not always protected under the Mental Capacity Act 2005. We observed that there was information on the principles of the MCA and best interest process on the homes notice board. There was a section in people's care plans that included how staff could support people to make decisions. The section did not cover the elements of capacity, namely can the person understand, retain, and weigh the information, and make a specific decision on the information. The registered manager confirmed this had not been completed. For example, we were informed that the home managed people's finances. However, capacity assessments had not been carried out to determine if people had capacity to manage their finances.

After the inspection, the registered manager sent us evidence to demonstrate she had started to carry out assessments using the MCA principles.

People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything. A person told us, "Yes, they always ask for my consent before they help me." During the inspection we observed that staff requested people's consent, for example, to find out if they wanted to speak to us and when people refused then this was respected.

DoLS authorisations had been put in place to protect people's liberty where the home was required to restrict people's movement both in and outside the home. We saw that the front door was kept locked and people did not go out by themselves. DoLS applications had been made and authorised for people whose liberty was being restricted due to their own safety.

People and relatives told us staff were skilled, knowledgeable and able to provide care and support. One person told us, "Staff are good." Another person said, "Yeah" when we asked if staff looked after them well. A relative told us, "Staff are excellent."

Staff participated in training and refresher courses that reflected the needs of the people living at the home. There was a training matrix in place to keep track of completed training and when courses were due. Records showed that staff had also completed specialist training in epilepsy, learning disabilities and

Percutaneous Endoscopic Gastrostomy (PEG) feeding. PEG is when a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Staff confirmed they received regular supervision and appraisals and records confirmed this. Supervision had been carried out every three months. Staff told us that the supervision was helpful as they were able to discuss concerns and areas for development.

People and relatives told us that people enjoyed the food at the home. One person told us, "The food is good." Another person told us, "Yes, I like the food, it is different every time." A relative told us, "He has never complained about the food there." Care plans included details of people's likes and dislikes with meals. There was a menu that visually showed meals that would be served throughout each day of the week. The registered manager told us the menu was devised with people and records showed that meals were discussed at residents meetings. Staff told us people were offered alternatives, if they did not prefer the meals on the menu. We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. The kitchen had been awarded an environmental hygiene rating of five stars.

People's weight was monitored monthly and records showed that people's weights were stable. Staff were aware of what to do if people lost a certain amount of weight consistently, such as referring to the GP or dietician.

People had access to healthcare services. People and relatives confirmed this. One person told us, "I recently went to the doctors as I was not feeling well." A relative told us, "They do take her to the GP and hospitals if they need to. They always let me know if they do." Records showed that people had access to a GP, hospitals, dentists and other health professionals. There was a health action plan for each person with a hospital passport. A hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital. Records confirmed that people were supported to attend routine health appointments and check-ups as part of the care and support provided.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "I like the staff." A relative told us, "Yes, they are very caring."

Staff ensured people's privacy and dignity were respected. People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us that when providing particular support or treatment, it was done in private. A staff member told us, "I do personal care in bathroom, I need to close the door because I need to respect their dignity." Another staff member told us, "You cannot go to someone's room without knocking, it does not show respect."

People were involved in making decisions about their care and support. Records showed that people, where possible, and their relatives were involved in making decisions about the care and support people received. For example, one care plan stated that a person preferred to lay the table and did not like to wear clothes not chosen by the person. Staff told us they supported people to be independent and make choices in their day-to-day lives. Observations confirmed people were independent and we saw people making phone calls to their relatives and resident meeting minutes showed that a person chaired the meetings and took the minutes.

People were protected from discrimination within the home. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach.

People's ability to communicate was recorded in their care plans and there was information on how to communicate with people. Care plans also provided examples of how people communicated if they were anxious or in a positive mood. We observed that staff communicated well with people and were able to engage in conversations with them.

Good

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to people's needs. One person told us, "I have no concerns with their response." A relative said, "They are very very good." A health professional told us, "If I need help, they are always here. They have always been supportive to me." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service and build positive relationships.

Each person had an individual care plan which contained information about the support they needed. Care plans were individualised and provided information on people's background and how to support people in a person centred way. For example, there was a support plan that included people's specific routines throughout the day and night. One staff member told us, "The care plans are very good." Care plans were current and reviews were taking place regularly with people where possible and their relatives. A relative told us, "I have got reviews with them next week."

Activities took place regularly. There was a weekly activities programme in place, which included one to one and group activities. During the inspection we were informed people went on a boat trip. When they returned, they told us with enthusiasm how much they enjoyed the outing. Following the boat trip we observed people playing football in the garden with a staff member and the operations manager. Staff and people confirmed that they took part in regular activities and people enjoyed these activities. A person told us, "We go out a lot."

Records showed that no formal complaints had been received by the home. Staff were aware of how to manage complaints. People and relatives told us that they had no concerns about the home but felt confident to raise complaints if needed. One person told us, "If I did not like something, I would go straight to [registered manager]."

Good

Is the service well-led?

Our findings

Staff told us that they were supported in their role, the home was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. One staff member told us, "She is a great manager. She goes beyond to make staff and people happy." Another staff member told us, "She is one of the best. Very kind and always supportive." A health professional told us, "It is a good home. If any of my family members had learning disabilities, I would bring them here."

People, relatives and the health professional we spoke to told us the home was well managed. One person told us, "[Registered manager] is good." One relative told us, "She is great. [Person] admires her and she is the best person that [person] responds too." The health professional told us, "It is very much well managed."

Quality monitoring systems were in place. The home had recently requested feedback from people, relatives, professionals and staff to identify ways to improve the home. The results of the feedback were generally positive. The registered manager told us that they were still waiting to receive further feedback, which when received would be analysed for any action to make improvements. Records showed that the survey for 2016 had been analysed and used to identify actions for improvements.

There were systems in place for quality assurance. CQC's key lines of enquiries were used to carry out audits covering a number of areas such as nutrition, care plans, risk assessments and medicines. The registered manager and operations manager carried out quarterly audits and the internal compliance team carried out annual audits. Records showed any concerns identified were followed up by an action plan to make improvements. However, the audits had not identified the shortfalls we found with MCA assessments not being carried out. We discussed this with the operations manager and registered manager, who informed that assessments using the MCA principles would be carried out as soon as possible and assessments would also be checked during audits to ensure the MCA principles were being followed at all times.